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State of Nevada Department of Education In-Service Preapproval Request (Please Print Clearly)

Name:	·			Date:		
L	ast F	irst	MI			
License#:	Expiration Date:	License/Endorse	ment Area:	<u>-</u>		
Address:		City:	State:	Zip:		
Email Addres	Email Address: Phone Number:					
thirty (30) day to you for sub	Please submit this request for in-servers prior to the beginning of the active prior with your renewal application of the deficiencies. Pursuant to NAC	ity. When the credit has on. If the application is r	been approved, thi ejected, it will be re	s form will be reture eturned along with	nec an	
Credit for Trac Credit for Tea college/univer Credit for Emp	nference Attendance: Please provide vel: Please provide a copy of the itiniching (Must hold a Master's or high resity department chair or supervisor ployment (For Secondary Career & Ton from your employer with this com	nerary with this complete er degree): Please provio with this completed for Fechnical Education Licen	ed form. de a letter of docun n.	nentation from a		
	Туре	e of Credit Requested:				
	Conference Travel Teachin	g Employment	Other (specify)			
Briefly explain	how this activity will relate to your	area of licensure and wil	l enhance your pro	fessional growth as	an	
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		OFFICE USE ONLY]	
	Approved for		renewal cred	dits		
	Not approved Reason:					
	Bv:	Date:				